

**D.C. Department of Employment Services
Office of Unemployment Compensation
4058 Minnesota Avenue, NE
Washington, DC 20019
Request for Monetary Re-Determination**

Social Security Number	First Name	Middle	Last Name
Base Period			Filing Date

Section A.

- _____ 1. There are missing wages/no wages, although work history shows base period employment.
 _____ 2. Duplicate wages are shown in the same quarter.
 _____ 3. Other (Specify) _____

Section B. Employer Details

Employer's Name/DBA	Phone Number	Account Number
Employer's Business Address (if different from work site)	City	State Zip Code

I worked for the employer shown above from _____ to _____ as _____.
(Date) (Date) (Job Title)

The job site where I actually worked was _____
(Street) (City) (State) (Zip Code)

Supervisor's Name and Phone Number

Quarter	Quarter	Quarter	Quarter
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Signature of Claimant	Date	Signature of DOES Representative	Date

INTERVIEWER'S REMARKS. Include any evidence or information which may be helpful to an investigator, such as other Social Security Numbers or names used, W-2 forms or pay slips to substantiate the wages being claimed.

Section C. Determination Unit Results of Investigation

Remarks: _____

(Signature) (Date)

Section D. Wages obtained by Tax Compliance Unit (if wages were not obtained, explain why in Remarks)

Quarter	Quarter	Quarter	Quarter
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Remarks: _____

(Signature) (Date)